

Claim number

- ☐ Worker earns a fixed monthly salary, regardless of the number of hours worked.
—► Complete form SIF-5A1
- ☐ Worker is an hourly-paid employee with a regular consistent work schedule.
—► Complete form SIF-5A2
- ☐ Worker is an hourly-paid employee working a consistent number of days per week, but hours per day vary.
—► Complete form SIF-5A3
- ☐ Worker is an hourly-paid employee with a varying schedule.
—► Complete form SIF-5A4
- ☐ Worker's pattern of employment is exclusively seasonal or intermittent.
—► Complete form SIF-5A5

Bonuses: Did the worker receive any bonuses in the year prior to injury? ☐ YES ☒ NO
→ If yes, complete the following calculation: \$ _____ ÷ 12 = \$ _____
(total of all bonuses paid) (average monthly value of bonuses)

Health care benefits: Did the employer contribute towards health care benefits at the time of injury; **and** were those benefits in effect for the worker on the date of injury? ☐ YES ☐ NO

—▶ If yes, supply the following information:

Monthly contribution to medical benefits:	\$	Date this coverage will end:
Monthly contribution to dental benefits:	\$	Date this coverage will end:
Monthly contribution to vision benefits:	\$	Date this coverage will end:

Different pay rates: Does the worker work a substantial number of hours at different rates of pay excluding overtime (i.e. shift differentials, premium pay, etc.)? ☐ YES ☐ NO

—► If yes, include all pay rates in the calculation of the worker's gross monthly wage. Treat each rate of pay as if it were a separate job. Complete a separate wage calculation worksheet for each rate of pay, then add those monthly wages together to arrive at the total gross monthly wage. Show final wage calculation here:

$$\frac{\$}{\text{(monthly wage, pay rate \#1)}} + \frac{\$}{\text{(monthly wage, pay rate \#2)}} + \frac{\$}{\text{(monthly wage, pay rate \#3)}} + \frac{\$}{\text{(monthly wage, pay rate \#4)}} = \frac{\$}{\text{(total gross monthly wage)}}$$

Multiple jobs: At the time of injury, did the worker have more than one paying job?..... ☐ YES ☐ NO

➔ If yes, the wages from each job must be included in the calculation of the worker's gross monthly wage. Complete a separate wage calculation worksheet for each job, then add those monthly wages together to arrive at the total gross monthly wage. Show final wage calculation here:

$$\frac{\$}{\text{(monthly wage, job \#1)}} + \frac{\$}{\text{(monthly wage, job \#2)}} + \frac{\$}{\text{(monthly wage, job \#3)}} = \frac{\$}{\text{(total gross monthly wage)}}$$

If yes, supply the monthly value of each type of compensation:

☐ YES ☐ NO
Date this compensation will end

Tips / gratuities \$ _____	Board \$ _____	
Clothing \$ _____	Housing \$ _____	
Fuel \$ _____	Other (explain) _____	

Authorized Representative Signature

GENERAL INSTRUCTIONS

SELECTING A PATTERN OF EMPLOYMENT

- If the second, third, or fourth box is selected, be sure to address the possibility of a pattern of overtime hours. If a worker has a standard schedule, but also has a consistent pattern of overtime, the overtime hours must be considered when determining which method to apply. Examples:

A worker's "regular" schedule is 8 hours per day, 5 days per week, but in reality he or she also works overtime nearly every Saturday. If the hours per day remain constant, use form SIF-5A2, but base the wage calculation on 6 days per week.

A worker is regularly scheduled to work 8 hours per day, 5 days per week, but also has a pattern of putting in overtime during the work week. Use form SIF-5A3 and average the hours worked per day, including the overtime hours.

REPORTING THE VALUE OF HEALTH CARE BENEFITS

- Every employer who is contributing to medical, dental, and/or vision benefits on the date of injury **MUST** report the monthly value of these contributions.
- If the employer ends their contributions toward these benefits at different times, the monthly value of the contribution to each type of benefit must be identified, along with each end date.
- If all health care benefits will end on the same date, and the value of the employer's contribution to each specific type cannot be identified, the total monthly value of the employer's contribution may be entered on the "Monthly contribution to **medical** benefits" line.

IF REPORTING FIRST TIME LOSS, BUT **NOT** REQUESTING A WAGE ORDER:

- Complete the SIF-5, SIF-5A Cover Sheet, and the applicable calculation worksheet(s).
- Do **NOT** check the "wage order requested" box on the SIF-5.
- Supporting payroll documentation will not routinely be required when a wage order is not requested.

PLEASE NOTE THAT THE DEPARTMENT WILL INVESTIGATE DISCREPANCIES IN WAGE REPORTING, EVEN IF A WAGE ORDER IS NOT REQUESTED. PAYROLL RECORDS MUST BE PROVIDED WHEN REQUESTED BY THE DEPARTMENT.

IF REQUESTING A WAGE ORDER:

- Complete the SIF-5, SIF-5A Cover Sheet, and the applicable calculation worksheet(s).
- Check the "wage order requested" box on the SIF-5.
- ALL documentation that was reviewed in determining the wage must be submitted with the request for the wage order.

IF CALCULATING WAGES BASED ON "LIKE EMPLOYEES":

WARNING: This method of calculating wages should be exceptionally rare!

- Provide an explanation justifying why this method is necessary.
- Always review more than one "like employee" to ensure a fair representation (recommend 3 to 6 individuals).
- Complete an SIF-5A Cover Sheet and the applicable calculation worksheet(s) for each "like employee". Write the words "like employee" across the top of each form.
- Complete an SIF-5, SIF-5A Cover Sheet, and the applicable calculation worksheet(s) for this injured worker, and clearly identify which "like employee" the calculations are based upon.
- If requesting a wage order when using this method, provide all payroll records reviewed for each "like employee".

NOTE: WHEN THE SIF-5A COVER SHEET(S), WORKSHEET(S), AND SUPPORTING DOCUMENTATION ARE SENT TO THE DEPARTMENT, COPIES MUST ALSO BE SENT TO THE WORKER.

INFORMATION FOR INJURED WORKERS

Your daily time loss rate is calculated based on a percentage of your monthly wages. Wages must include the reasonable value of board, housing, fuel, health care benefits, or similar compensation that you may receive from your employer as part of the contract of hire. Wages also include the monthly value of any bonuses you received in the 12 months immediately preceding the date of injury or occupational disease.

These forms are intended to show how your employer has calculated your gross monthly wage and your time loss compensation rate. If you believe any information is missing or incorrect, or if you have questions about your benefit calculation, please contact your employer's claims representative. Their name and phone number are on the front of this document. If you still have concerns after talking with your employer's claims representative, please contact L&I's Self Insurance Section at (360) 902-6901 for assistance.

TIME LOSS CALCULATION WORKSHEET

Claimant	Claim No.
Date of injury/illness	Marital Status No. of dependents

SALARIED EMPLOYEES

IF A WAGE ORDER IS BEING REQUESTED:

- Payroll records will not be required if the worker and employer agree on the monthly wage amount. Agreement is present when:
 - The 2002 version of the SIF-2 is used and both worker and employer have reported the same wage and bonus amounts.
 - A documented phone call with the worker resolves any discrepancy regarding wage information reported on the 2002 version of the SIF-2. This is also the way to document agreement if an older version of the SIF-2 is used or if the worker did not complete the wage information.
- If there is any disagreement or inconsistency regarding the amount of the monthly salary or the worker indicates the presence of a second job, a consistent pattern of overtime, or multiple rates of pay, complete payroll records must be submitted to resolve the issue.

A. TIME LOSS RATE EXCLUDING THE VALUE OF HEALTH CARE BENEFITS:

(These calculations are to be used when the employer does not contribute to health care benefits or when the employer continues to pay for health care benefits while the injured worker is off work.)

$$\begin{array}{rcl} \$ & & \\ \text{_____} & + & \text{_____} = \$ \text{_____} \\ \text{(monthly salary)} & & \text{(average monthly value of} \\ & & \text{bonuses/ other compensation)} \end{array}$$

$$\begin{array}{rcl} \$ & & \\ \text{_____} & \times & \text{_____} = \$ \text{_____} \div 30 = \text{_____} \\ \text{(monthly wage)} & \text{(% based on marital/dependent)} & \text{(*monthly TL comp rate)} \quad \text{(days/month)} \quad \text{(daily TL comp rate)} \end{array}$$

B. MONTHLY WAGE AND TIME LOSS RATE INCLUDING THE VALUE OF HEALTH CARE BENEFITS:

(This section MUST be completed when the employer contributed to health care benefits on the date of injury. These calculations will be used when the employer contribution to health care benefits ceases for any reason.)

$$\begin{array}{rcl} \$ & & \\ \text{_____} & + & \text{_____} = \$ \text{_____} \\ \text{(monthly wage)} & & \text{(monthly value of health benefits)} \quad \text{(updated monthly wage)} \end{array}$$

$$\begin{array}{rcl} \$ & & \\ \text{_____} & \times & \text{_____} = \$ \text{_____} \div 30 = \text{_____} \\ \text{(update monthly wage)} & \text{(% based on marital/dependent)} & \text{(*monthly TL comp rate)} \quad \text{(days/month)} \quad \text{(daily TL comp rate)} \end{array}$$

****In no event will the monthly/daily rate exceed the maximum allowed by law (RCW 51.32.090)***

TIME LOSS CALCULATION WORKSHEET

Claimant	Claim No.
Date of injury/illness	Marital Status No. of dependents

REGULARLY SCHEDULED HOURLY EMPLOYEES

IF A WAGE ORDER IS BEING REQUESTED:

- Payroll records will not be required if the worker and employer agree on the hourly rate of pay and hours scheduled to work.
Agreement is present when:
 - The 2002 version of the SIF-2 is used and both worker and employer have reported the same information.
 - A documented phone call with the worker resolves any discrepancy regarding wage information reported on the 2002 version of the SIF-2. This is also the way to document agreement if an older version of the SIF-2 is used or if the worker did not complete the wage information.
- If there is any disagreement or inconsistency, complete payroll records must be submitted to resolve the issue. *Payroll records must show hours worked per day and the rates of pay; an explanation of any varying pay rates (shift differentials, premium pay, overtime, etc.); days worked per week; all leave hours; and a key to any codes used.*

A. MONTHLY WAGE AND TIME LOSS RATE EXCLUDING THE VALUE OF HEALTH CARE BENEFITS:

(These calculations are to be used when the employer does not contribute to health care benefits or when the employer continues to pay for health care benefits while the injured worker is off work.)

$$\begin{array}{ccccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & + \$ \underline{\hspace{2cm}} = \$ \underline{\hspace{2cm}} \\ & \text{(hourly rate)} & & \text{(hours/day)} & & \text{(days/month)} & \text{(average monthly value of} \\ & & & & & & \text{bonuses/ other compensation)} & \text{(monthly wage)} \end{array}$$

$$\begin{array}{ccccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = \$ \underline{\hspace{2cm}} & \div 30 & = \$ \underline{\hspace{2cm}} \\ & \text{(monthly wage)} & & \text{(\% based on marital/dependent)} & \text{(*monthly TL comp rate)} & \text{(days/month)} & \text{(daily TL comp rate)} \end{array}$$

B. MONTHLY WAGE AND TIME LOSS RATE INCLUDING THE VALUE OF HEALTH CARE BENEFITS:

(This section **MUST** be completed when the employer contributed to health care benefits on the date of injury. These calculations will be used when the employer contribution to health care benefits ceases for any reason.)

$$\begin{array}{ccccccc} \$ & \underline{\hspace{2cm}} & + & \$ \underline{\hspace{2cm}} & = \$ \underline{\hspace{2cm}} \\ & \text{(monthly wage)} & & \text{(monthly value of health benefits)} & & & \text{(updated monthly wage)} \end{array}$$

$$\begin{array}{ccccccc} \$ & \underline{\hspace{2cm}} & \times & \underline{\hspace{2cm}} & = \$ \underline{\hspace{2cm}} & \div 30 & = \$ \underline{\hspace{2cm}} \\ & \text{(updated monthly wage)} & & \text{(\% based on marital/dependent)} & \text{(*monthly TL comp rate)} & \text{(days/month)} & \text{(daily TL comp rate)} \end{array}$$

**In no event will the monthly/daily rate exceed the maximum allowed by law (RCW 51.32.090)*

TIME LOSS CALCULATION WORKSHEET

Claimant	Claim No.	
Date of injury/illness	Marital Status	No. of dependents

HOURLY EMPLOYEE WITH VARYING HOURS PER DAY: AVERAGE HOURS PER DAY

Hours must be averaged over a period of time that fairly represents the worker's employment pattern.

- Review the employer at injury's payroll records for a minimum of 12 months prior to the date of injury, to determine the worker's pattern. If the worker has not been employed with the employer at injury for 12 months, use the period of time from the date of hire to the date of injury. If this period is too brief to establish a pattern, use the hours of a like employee.

Payroll records must show hours worked per day and the rates of pay; an explanation of any varying pay rates (shift differentials, premium pay, overtime, etc.); days worked per week; all leave hours; and a key to any codes used.

- Select a representative period for averaging hours.
- Explain why that period was chosen.
- Calculate the average number of hours worked per day.
- Include all hours worked - regular, overtime, premium, etc.
- Include all scheduled/paid hours such as vacation, sick, holiday, etc.
- Do not include periods of unpaid leave such as leave of absence, maternity leave, etc.

IF REQUESTING A WAGE ORDER, INCLUDE COPIES OF ALL PAYROLL RECORDS REVIEWED.

CALCULATIONS - AVERAGE HOURS PER DAY

Period used for averaging hours: From ____/____/____ To ____/____/____ Explain why this period was chosen:

$$\frac{\text{(Total hours)}}{\text{(# of weeks in the period)}} = \frac{\text{(average hours / week)}}{\text{(# of days worked per week)}} = \text{(average hours / day)}$$

TIME LOSS CALCULATIONS

A. MONTHLY WAGE AND TIME LOSS RATE EXCLUDING THE VALUE OF HEALTH CARE BENEFITS:

(These calculations are to be used when the employer does not contribute to health care benefits or when the employer continues to pay for health care benefits while the injured worker is off work.)

$$\frac{\$}{\text{(hourly rate)}} \times \frac{\text{(average hours/day)}}{\text{(days/month)}} + \frac{\$}{\text{(average monthly value of bonuses/ other compensation)}} = \$ \text{(monthly wage)}$$

$$\frac{\$}{\text{(monthly wage)}} \times \frac{\text{(\% based on marital/dependent)}}{\text{(*monthly TL comp rate)}} \div 30 \text{ (days/month)} = \$ \text{(daily TL comp rate)}$$

B. MONTHLY WAGE AND TIME LOSS RATE INCLUDING THE VALUE OF HEALTH CARE BENEFITS:

(This section MUST be completed when the employer contributed to health care benefits on the date of injury. These calculations will be used when the employer contribution to health care benefits ceases for any reason.)

$$\frac{\$}{\text{(monthly wage)}} + \frac{\$}{\text{(monthly value of health benefits)}} = \$ \text{(updated monthly wage)}$$

$$\frac{\$}{\text{(updated monthly wage)}} \times \frac{\text{(\% based on marital/dependent)}}{\text{(*monthly TL comp rate)}} \div 30 \text{ (days/month)} = \$ \text{(daily TL comp rate)}$$

***In no event will your monthly/daily rate exceed the maximum allowed by law (RCW 51.32.090)**

Claimant	Claim No.		
Date of injury/illness	Marital Status	No. of dependents	

VARYING SCHEDULE: AVERAGE HOURS PER MONTH

Hours must be averaged over a period of time that fairly represents the worker's employment pattern.

- Review the employer at injury's payroll records for a minimum of 12 months prior to the date of injury, to determine the worker's pattern. If the worker has not been employed with the employer at injury for 12 months, use the period of time from the date of hire to the date of injury. If this period is too brief to establish a pattern, use the hours of a like employee.
Payroll records must show hours worked per day and the rates of pay; an explanation of any varying pay rates (shift differentials, premium pay, overtime, etc.); days worked per week; all leave hours; and a key to any codes used.
- Select a representative period for averaging hours.
- Explain why that period was chosen.
- Calculate the average number of hours worked per month.
- Include all hours worked - regular, overtime, premium, etc.
- Include all scheduled/paid hours such as vacation, sick, holiday, etc.
- Do not include periods of unpaid leave such as leave of absence, maternity leave, etc.

IF REQUESTING A WAGE ORDER, INCLUDE COPIES OF ALL PAYROLL RECORDS REVIEWED.

CALCULATIONS - AVERAGE HOURS PER MONTH

Period used for averaging hours: From ____/____/____ To ____/____/____ Explain why this period was chosen:

_____ ÷ _____ = _____

(total hours) (# of months in the period) (average hours / month)

TIME LOSS CALCULATIONS

A. MONTHLY WAGE AND TIME LOSS RATE EXCLUDING THE VALUE OF HEALTH CARE BENEFITS:
(These calculations are to be used when the employer does not contribute to health care benefits or when the employer continues to pay for health care benefits while the injured worker is off work.)

\$ _____ X _____ + \$ _____ = \$ _____

(hourly rate) (average hours/month) (average monthly value of bonuses/ other compensation) (monthly wage)

\$ _____ X _____ = \$ _____ ÷ 30 = \$ _____

(monthly wage) (% based on marital/dependent) (*monthly TL comp rate) (days/month) (daily TL comp rate)

B. MONTHLY WAGE AND TIME LOSS RATE INCLUDING THE VALUE OF HEALTH CARE BENEFITS:
(This section MUST be completed when the employer contributed to health care benefits on the date of injury. These calculations will be used when the employer contribution to health care benefits ceases for any reason.)

\$ _____ + \$ _____ = \$ _____

(monthly wage) (monthly value of health benefits) (updated monthly wage)

\$ _____ X _____ = \$ _____ ÷ 30 = \$ _____

(updated monthly wage) (% based on marital/dependent) (*monthly TL comp rate) (days/month) (daily TL comp rate)

**In no event will the monthly/daily rate exceed the maximum allowed by law (RCW 51.32.090)*

Claimant	Claim No.
Date of injury/illness	Marital Status No. of dependents

EXCLUSIVELY SEASONAL OR INTERMITTENT EMPLOYEES

WARNING: *These employment patterns are relatively rare. The worker should not be categorized this way without complete supporting documentation.*

The worker's work history and pattern of employment must be reviewed, as well as the relationship with the current employer, to determine if a worker is exclusively seasonal or intermittent.

- Obtain a work history from the worker showing all employment for a minimum of three years prior to the date of injury/occupational disease.
Work history must include employer names, dates/periods of employment and an explanation of any significant gaps in employment.
- Obtain documentation of gross wages, including overtime, from all employment for the entire period covered by the work history.
- Select a 12-month period for averaging wages that fairly represents the worker's earning history.
- Explain why that period was chosen.
- Calculate the average monthly wage.

IF REQUESTING A WAGE ORDER, INCLUDE COPIES OF ALL RECORDS REVIEWED.

CALCULATIONS - AVERAGE MONTHLY WAGE

Note: The period selected MUST be 12 consecutive calendar months.

Period used for averaging wages: From ____/____/____ To ____/____/____ Explain why this period was chosen:

\$ _____ ÷ 12 Months = \$ _____
(Total wages) (average monthly wage)

TIME LOSS CALCULATIONS

A. TIME LOSS RATE EXCLUDING THE VALUE OF HEALTH CARE BENEFITS:

(These calculations are to be used when the employer does not contribute to health care benefits or when the employer continues to pay for health care benefits while the injured worker is off work.)

\$ _____ X _____ = \$ _____ ÷ 30 = \$ _____
(average monthly wage) (% based on marital/dependent) (*monthly TL comp rate) (days/month) (daily TL comp rate)

B. MONTHLY WAGE AND TIME LOSS RATE INCLUDING THE VALUE OF HEALTH CARE BENEFITS:

(This section MUST be completed when the employer contributed to health care benefits on the date of injury. These calculations will be used when the employer contribution to health care benefits ceases for any reason.)

\$ _____ + \$ _____ = \$ _____
(average monthly wage) (monthly value of health benefits) (updated monthly wage)

\$ _____ X _____ = \$ _____ ÷ 30 = \$ _____
(updated monthly wage) (% based on marital/dependent) (*monthly TL comp rate) (days/month) (daily TL comp rate)

****In no event will your monthly/daily rate exceed the maximum allowed by law (RCW 51.32.090)***